

Site and Soil Evaluation Report

(For certification letters and subdivisions)

General Information	
Date : _____	_____ County Health Department
Applicant : _____	
Telephone Number : _____	
Address : _____	
Owner : _____	Address : _____
Location : _____	
Subdivision _____	Block/Section _____ Lot _____
Soil Information Summary	
1. Position in landscape satisfactory Yes ___ No ___ Describe :	
2. Slope _____%	
3. Depth to rock/imperious strata Max. ___ Min. ___ None ___	
4. Free water present No ___ Yes ___ Range in inches _____	
5. Depth to seasonal water table (gray mottling or gray color) _____ inches	
6. Soil percolation rate estimated Yes ___ No ___ Texture group I II III IV Estimated rate ___ min/in	
7. Percolation test performed Yes ___ No ___ Number of percolation test holes ___ Depth of percolation test holes ___ Average percolation rate ___ mpi	
Name and title of evaluator: _____	
Signature: _____	
Department Use	
___ Site approved: Drainfield trench bottoms to be placed at _____ (inches) depth at site designated on permit.	
___ Site disapproved:	
Reasons for rejection: (check all that apply)	
1. ___ Position in landscape subject to flooding or periodic saturation.	
2. ___ Insufficient depth of suitable soil over hard rock.	
3. ___ Insufficient depth of suitable soil to seasonal water table.	
4. ___ Rates of absorption too slow.	
5. ___ Insufficient area of acceptable soil for required drainfield, and/or Reserve Area.	
6. ___ Proposed system too close to well.	
7. ___ Other (Specify) _____	